

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

10/537630

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3		/					
4		/					
5		/					
6		/					
7		/					
8		/					
9							
10		/					
11		/					
12		/					
13		/					
14		/					
15		/					
16		/					
17		/					
18		/					
19		/					
20		/					
21		/					
22		/					
23		/					
24		/					
25		/					
26		/					
27		/					
28		/					
29		/					
30		/					
31		/					
32		/					
33		/					
34		/					
35		/					
36		/					
37		/					
38		/					
39		/					
40		/					
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	/						
TOTAL DEP.	39						
TOTAL CLAIMS	40						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							